

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 74

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Samuel D Pierce**

Mailing Address 2679 Vesclub Cir

City

Vestavia

State

AL

Zip Code

35216-1356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 37874376**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Glen T Steele**

Mailing Address 741 Bending Oak N

City

Hernando

State

MS

Zip Code

38632-6515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 37874943**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Jeffrey J Walline**

Mailing Address 31 E Dominion Blvd

City

Columbus

State

OH

Zip Code

43214-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 37875026**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►